



VERIFICATION OF ALTERNATE RETIREMENT PLAN PARTICIPATION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53863 (Rev. 03/04)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657
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The North Dakota Public Employees Retirement System (NDPERS) allows a retiree who receives a retirement allowance from a participating political subdivision retirement plan, as approved by the NDPERS Board, to participate in the NDPERS Group Health Insurance plan so long as the individual enrolls in the plan under a qualifying event. This form is used by NDPERS to determine if the individual is receiving a retirement allowance from an approved retirement plan. This form must accompany the Retiree Group Health Insurance application SFN 16277 for processing.

PLEASE READ IMPORTANT INFORMATION PRINTED ON THE BACK OF THIS FORM.

PART A COMPLETED BY MEMBER			
Member's Name (Last, First, Mi)		Social Security Number	
Plan/Provider Company Name		Telephone Number	
Type of Employer Sponsored Plan: <input type="checkbox"/> 401(a) <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) 457: <input type="checkbox"/> State of ND <input type="checkbox"/> Other 457			
A retiree who has accepted a retirement allowance from a participating political subdivision's retirement plan may elect to participate in the NDPERS group health insurance plan subject to the requirements of the Board. A copy of the application for distribution of benefits must accompany this form. I have read this application in its entirety and certify that the information is accurate and complete. I understand and agree that any false statements or omissions may void any Benefit Plans applied for based on this application. <div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-between;"><div>Member's Signature</div><div>Date of Signature</div></div>			
PART B TO BE COMPLETED BY EMPLOYER/ADMINISTRATOR OF ALTERNATE RETIREMENT PLAN			
Name of Employer		Department Number	
Mailing Address	City	State	Zip Code + 4
Plan/Provider Company Name			
Verify account type: <input type="checkbox"/> 401(a) <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) 457: <input type="checkbox"/> State of ND <input type="checkbox"/> Other 457 plan			
Effective date of Payment:		Payment Status: <input type="checkbox"/> Reoccurring Payment <input type="checkbox"/> Account Closed	
As administrator of the above-named eligible plan, I certify that the member listed in Section 1 is a participant in an eligible retirement plan that meets the requirements for continued participation in the NDPERS group health plan and the above information is true and correct. <div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-between;"><div>Authorized Agent's Signature</div><div>Date of Signature</div></div>			

ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

Dakota Plan & Dakota Retiree Plan

This contains information regarding the Dakota Plan and Dakota Retiree Plan. Both plans are underwritten by Blue Cross Blue Shield of North Dakota (BCBSND). This is general information and may not be considered to be a legal interpretation of law. Statements do not supersede the North Dakota Century Code or Administrative Code or restrict the authority granted to the Retirement Board. Please refer to the Certificate of Insurance for complete details.

ELIGIBILITY

To be eligible to join the Dakota Plan or the Dakota Retiree Plan:

A member must be receiving a "retirement allowance" from:

- ✓ North Dakota Public Employees Retirement System (NDPERS)
- ✓ Defined Benefit Plan
- ✓ Defined Contribution Plan
- ✓ North Dakota Highway Patrol Retirement System (NDHPRS)
- ✓ Job Service Retirement Plan
- ✓ Teacher's Fund for Retirement (TFFR)
- ✓ Teachers Insurance and Annuity Association College Retirement Equities Fund (TIAA-CREF)

A member of certain Political Subdivisions, if enrolled in the Dakota Plan as an active employee, and:

Receiving a "retirement allowance" from a NDPERS Board approved employer sponsored retirement plan, such as:

- ◆ 401(a) ◆ 401(k)
- ◆ 403(b) ◆ 457

A surviving spouse must be:

- ✓ Receiving a beneficiary benefit from the aforementioned retirement plans, or
- ✓ On the Dakota Plan as a covered dependent at the time of member's death and there is no lapse in coverage.

A non-spouse beneficiary is not eligible to continue on the group health plan.

ENROLLMENT

A member or surviving spouse must apply within 31 days from any one of the following "qualifying events":

1. Date of retirement, defined as either:
The last day of active employment if member does not defer his/her retirement benefit or take a lumpsum refund of his/her retirement account, or Date of first retirement check if member deferred his/her retirement benefit.
2. Member's 65th birthday or eligibility for Medicare;
3. Member's spouse or eligible dependent's 65th birthday or eligibility for Medicare;
4. The loss of coverage in a health plan sponsored or provided by member's employer or member's spouse's employer, if covered through spouse's employer group plan. This includes loss of coverage due to the death of, or divorce from a spouse as well as completion of COBRA continuation coverage.
5. Marriage
6. Birth, adoption, or appointment of children for legal guardianship.

If a member or surviving spouse does not enroll within 31 days of any one of the above qualifying events, he/she will have forfeited his/her rights to enroll in the Plan in the future.